

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/65/058

FILING DATE

8.30.00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		4		
6		4		4		
7	1		1			
8		1		1		
9		1		1		
10		1		1		
11		4		4		
12		4		4		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		4		4		
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TOTAL IND.	3		3			
TOTAL DEP.	33		23			
TOTAL CLAIMS	36		26			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY